

## State of Illinois

## **Privilege and Retaliatory Tax Quarterly Installment**

All companies whose annual tax for the preceding calendar year was less than \$5,000 need not file this installment.

Web Site: <u>www.insurance.illinois.gov</u> (Department Links>Companies>Tax Forms)

Federal Employer Identification Number:				2022 Calendar Year Indicate which filing:
By the		Insurance Company		☐ April 15, 2022 ☐ June 15, 2022
of				☐ September 15, 2022
Street and Number	City	State	Zip Code	☐ December 15, 2022
Privilege Tax				
PART A-BASED ON PRIOR YEAR TOTAL TAX				
1. 2021 Privilege Tax from Page 6, Line 1 of the P				
2. Installment amount due is 1/4 of Line 1			\$	
PART B-BASED ON CURRENT CALENDAR YEAR  3. 2022 Estimated Privilege Tax on taxable premiu			¢	
9			·	
3a. Less: Estimated Fire Department Taxes to be paid in 2022, if applicable\$\$  3b. Less: Estimated Intergradation 2022 excess Income Tax Offset, if applicable\$\$				
3c. Less: New Markets Tax Credit Offset, if applicable\$				
4. Net Privilege Tax for 2022 (Line 3 minus sum of 3a, 3b, and 3c)\$\$				
5. 80% of Line 4 to be paid in 2022				
6. Installment amount due is 1/4 of Line 5				
Retaliatory Tax				
PART A-BASED ON PRIOR YEAR TOTAL TAX				
7. 2021 Retaliatory Tax from Page 6, Line 2 of Pri	vilege and R	etaliatory Tax Retu	rn\$	
8. Installment amount due is 1/4 of Line 7				
PART B-BASED ON CURRENT CALENDAR YEAR				
9. 80% of 2022 Estimated Retaliatory Tax				
10. Installment amount due is 1/4 of Line 9			\$ <u> </u>	
Payment				
11. Amount due as a Privilege Tax from Line 2 or Li			Ф.	
12. Amount due as a Privilege fax from Line 2 of Li				
13. Total amount due this installment, Line 11 plus I				
14. Less: Current available tax overpayment credit an				
(amount may not be more than Line 13)			\$	
15. Balance due on this installment, Line 13 minus				
*Note: If applicable, the Department may assess a penalty for failure to file and failure to pay estimates, including underpayment of estimates, at a later date.				
I certify that this is a true, correct and complete Declaration of taxes due (print name).				
Signature of Company Officer		Date	E-mail	
Please complete and return one copy of this tax installment each quarter. The official filing date is the U.S. Postal date.  Remittance should be payable and mailed to the Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791.				
<b>Important Notice:</b> Disclosure of this information is <i>required</i> under the Illinois Compiled Statutes' insurance laws. Failure to provide this information could result in a fine. This form has been approved by the Forms Management Center.				